Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

March 16, 2006 Meeting

This chart provides a summary of the final PDL selections that were made by the Secretary for Health and Family Services as a result of the Pharmacy and Therapeutics Advisory Committee meeting of March 16, 2006.

	Description of Recommendation	Final PDL Decision
#1	Insulin	Recommendations Approved
	 The insulin agents are considered clinically equivalent in safety and efficacy. DMS to prefer one brand of human insulin per class (basal long-acting, rapidacting, and short-acting, insulin for use in pumps, mixed preparations and insulin delivery systems) based upon economic evaluation. Lantus will be retained as a preferred basal long-acting insulin with the option to add other products in the class based upon economic evaluation. Recommendations on Exubera to be tabled for review at a future meeting. Byetta will require PA via electronic step-edit. Symlin will require PA. DMS to require PA for pen delivery systems for patients unable to manipulate vials/syringes (eyesight, dexterity, comprehension). For any new chemical entity in the insulin class, require a PA until reviewed by the P & T Advisory Committee. 	PDL Selections NOVOLOG NOVOLOG mix 70/30 NOVOLIN 70/30 NOVOLIN N NOVOLIN R LANTUS LEVEMIR
#2	 Flouroquinolones All agents in the quinolone class are equivalent in efficacy within generations. DMS to prefer generic 2nd generation quinolones. Branded 2nd generation quinolones will require PA. DMS to prefer two branded 3rd generation quinolones, one of which must be either Avelox or Levaquin and the other to be preferred based upon economic evaluation. If Tequin is selected as a preferred 3rd generation quinolone, a diabetes safety edit must be implemented. For any new chemical entity in the quinolone class, require a PA until reviewed by the P&T Advisory Committee. 	Recommendations Approved PDL Selections 2nd generation CIPROFLOXACIN OFLOXACIN 3rd generation AVELOX LEVAQUIN

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